### **WOOD CREEK WATER DISTRICT**

1670 East Hal Rogers Parkway P.O. Box 726 London, Kentucky 40743-0726

PUDE PUDE CONTROL

August 28, 2013

Jeff Derouen
Executive Director
Kentucky Public Service Commission
P.O. Box 615
Frankfort, KY 40602-0615

RE: Case No. 2013-00170

Wood Creek Water District

Please find enclosed four completed ARF Form 3. The form has been completed by all three members of the District's board of directors and the District's superintendent.

If there are any questions or need for additional information, please contact me at 606-260-0366.

Respectfully, Lewerpe Lowin

Dewayne Lewis

Wood Creek Water District

Steven L. Beshear Governor

Leonard K. Peters Secretary Energy and Environment Cabinet



Commonwealth of Kentucky

Public Service Commission
211 Sower Blvd.
P.O. Box 615

Frankfort, Kentucky 40602-0615

Telephone: (502) 564-3940
Fax: (502) 564-3460
psc.ky.gov

David L. Armstrong Chairman

James W. Gardner Vice Chairman

> Linda Breathitt Commissioner

August 20, 2013

Dewayne Lewis, Office Manager Wood Creek Water District P. O. Box 726 London, KY 40743

Re: Case No. 2013-00170

Wood Creek Water District

Dear Mr. Lewis:

AUG 201

The Statement of Disclosure of Related Party Transactions, ARF Form 3, was not included with the application filed on April 30, 2013. Under 807 KAR 5:076, Section 4(1)(h), an ARF Form 3 must be completed by each member of the board of commissioners or board of directors; each person who has an ownership interest of ten percent or more in the utility, and the utility's chief executive officer. A copy of the ARF Form 3 is attached for your convenience. Please have the required personnel complete the ARF Form 3 and return the form to the Public Service Commission no later than August 30, 2013. Be sure the notary section of each form is completed.

Any questions regarding the ARF Form 3 should be directed to Ann Ramser, Staff Attorney, at (502) 782-2585.

Sincerely,

Jeff Derouen
Executive Director

AR/kar Enclosure



I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between		
Name of Related Party	Type of Service Provided	Amount of
(Individual or Business)	By Related Party	Compensation
		***************************************
Check this box if the Utility has no related party transactions.		
Check box if additional transactions are listed on the supplemental page.		
EARL BAILEY (Print Name)  (Signed)		
SECRETARY (Position/Office)	·	1

COMMONWEALTH OF RENTUCKT	
COUNTY OF LAUREL	
Subscribed and sworn to before me by	EARL BAILEY
	(Name)
this 27 day of AUGUST	<u>,20   3                                  </u>
	Jones D. Levin
	NOTARY PUBLIC
	State-at-Large

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between WOOD CREEK WATER DESTRICT ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest.		
Name of Related Party	Type of Service Provided	Amount of
(Individual or Business)	By Related Party	Compensation
,		
		***************************************
		<u> </u>
Check this box if the Utility has no related party transactions.		
Check box if additional transactions are listed on the supplemental page.		
DONTA EVANS DONTA		
(Print Name)	(Signed)	**************************************
SUPERFUEMDENT		
(Position/Office)		

COMMONWEALTH OF KENTUCKY	
COUNTY OF LAUREL	•
Subscribed and sworn to before me by	DONTA EVANS
	(Name)
this 23 day of AV6UST	<u>,20_/3</u>
	Janes D. Leun
	NOTARY PUBLIC State-at-l arge

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between		
Name of Related Party	Type of Service Provided	Amount of
(Individual or Business)	By Related Party	Compensation
Check this box if the Utility has no related party transactions.		
Check box if additional transactions are listed on the supplemental page.		
GLENN WILLIAMS (Print Name)  (Signed)		
CHAIRMAN/ (Position/Office)	*	

COMMONWEALTH OF KENTUCKY	
COUNTY OF LAUREL	·
Subscribed and sworn to before me by _	GLENN WILLIAMS
·	(Name)
this 28 day of AUGUST	.,20 <u>/3</u> .
	James D. Lewis
	NOTARY PUBLIC

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between Wood CREEK WATER DISTRICT ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest.		
Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of
(maividual of business)	by helated raity	Compensation
Check this box if the Utility has no related party transactions.		
Check box if additional transactions are listed on the supplemental page.		
TAMES KELLER (Print Name)		
TREASURER	·	
(Position/Office)		

COMMONWEALTH OF RENTOCKT	
COUNTY OF LAUREL	
Subscribed and sworn to before me by	JAMES KOLLEN (Name)
this 26 day of August	,20 <u>13</u> .
	James D. Len
	NOTARY PUBLIC